Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Changes to Medicare Advantage process for requesting additional clinical information for inpatient authorizations starting Jan. 1

On Jan. 1, 2026, Blue Cross Blue Shield of Michigan and Blue Care Network made changes to the process for obtaining additional clinical information to support authorization requests related to acute inpatient medical-surgical (non-behavioral health) services for Medicare Plus Blue and BCN Advantage members.

Starting Jan. 1:

- We will make three attempts (by phone and through the e-referral system) to contact the provider to request additional clinical information to support the inpatient admission.
- The provider will have 24 hours to respond. If there is no response, the authorization request will be pended to the Medical Director for a secondary review.

These changes are a result of reduced prior authorization decision time frames defined by the Centers for Medicare & Medicaid Services.

As a reminder, prior authorization requests must include all relevant clinical documentation. When clinical documentation isn't included with the initial request or if the documentation submitted has missing information, we will request additional information from the provider.

Subscribe to Provider Alerts Weekly, a weekly email with a list of links to the previous week's provider alerts.